

City of Cottage Grove  
400 E. Main St.  
Cottage Grove, OR 97424



Account #: \_\_\_\_\_

Phone: (541) 942-3346  
Fax: (541) 942-5125  
Email: cgwater@cottagegrove.org

## Request to Stop Water/Sewer Service

Name on Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_

Date to Stop Service: \_\_\_\_\_ (Monday - Friday)

Forwarding Address  
for Final Statement: \_\_\_\_\_

City

State

Zip

\*NOTE: If this is a temporary shut off, please notify in writing/email when ready for service to resume.

**By signing below, I understand the meter may be locked off and water not available for my use.  
The water consumption and prorated flat rates will be billed through the date requested.  
A final bill will be sent to the forwarding address provided.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(For office use only)*

Deposit: Yes  No

Transfer to: \_\_\_\_\_

Notes:

ACH/  
Recurring Yes  No

Use for final billing: Yes  No

Start for new acct: Yes  No   
(\*Complete authorization form)

Clerk: \_\_\_\_\_ Date: \_\_\_\_\_